

Louisiana Schools for the Deaf and Visually Impaired

2888 Brightside Lane • Baton Rouge, LA 70821-3074
(225.757.3226) • (225) 757-3313 FAX



STUDENT APPLICATION

Please check one: LSD LSVI

STUDENT INFORMATION

Student's Last Name: _____ First Name: _____

DOB: _____ Sex: M F

Home Phone :() _____ Cell: () _____

Email: _____ Dorm Student Day Student Desired Student Start Date
_____/_____/_____

Referral Source: _____

Ethnicity: Hispanic Non-Hispanic Race: Black White Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

PHYSICAL Address (incl. Apt/Lot #)	MAILING Address (if different from physical address)
City: _____ Zip Code: _____	City: _____ Zip Code: _____

Parish of Resident _____ Name of School District of child's home parish _____

LEGAL CUSTODY INFORMATION

If someone other than the parent(s) have legal custody of the student, please name them here: _____

What is his/her relationship to the student: _____ Please provide a copy of current custody documents.

PARENT/GUARDIAN INFORMATION

Student lives with: Parents Mother Father Guardian/Foster Parent(s) *

* If student lives with Guardian/Foster Parent(s), indicate relationship to student: _____

Contact Information	Father	Mother	Guardian
Name			
Home Phone			
Work Phone			
Cell Phone			
Email			
Video Phone			
Authorized to take off-campus	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT APPLICATION

Please check one: LSD LSVI Student's Name: _____

EMERGENCY CONTACT INFORMATION / AUTHORIZED TO TAKE OFF- CAMPUS

•	Name/Relationship: _____	Phone () _____
•	Name/Relationship: _____	Phone () _____
•	Name/Relationship: _____	Phone () _____
•	Name/Relationship: _____	Phone () _____
•	Name/Relationship: _____	Phone () _____
•	Name/Relationship: _____	Phone () _____
•	Name/Relationship: _____	Phone () _____

GENERAL PERMISSIONS (complete for ALL students 3-22 years of age)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Video/Photograph Permission/Social Media Sites: Permission is given to photograph/videotape me/my child or my/his/her school/dorm projects for athletic events, yearbook, news releases, school brochures, school website, social media sites, other public relations and LSDVI television production purposes. I understand these photos/videos will present me/my child favorably and may include my/his/her name.</p>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Evaluation Permission: Permission is given to LSDVI to conduct routine educational, audiological, vision tests, evaluations and a Functional Behavioral Assessment (FBA) if necessary for me/my child.</p>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Leave Campus Permission: Permission is given for me/my child to leave school/state in a school vehicle with authorized personnel from LSDVI (example...appointments, field trips, on-the-job-training (OJT), dormitory outings and Orientation and Mobility (O & M), athletic and academic events which may include out-of-state travel, etc.).</p>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Internet Permission: Permission is given by me/ my child to access the Internet while on LSDVI's campus in accordance with school policy.</p>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Assistive Equipment Permission: Permission is given to contact a physician if equipment is needed for an LSDVI student, (ex.: hearing aids).</p>

My signature below indicates I have provided accurate information and I have given or denied permission according to my responses above. I am responsible for giving LSDVI any changes to this information IMMEDIATELY IN WRITING including changes in any permission decisions.

• Parent/Guardian must sign below if student is under the age of 18 **OR** over 18 and under legal custody of parent/guardian:

Signature: _____ Date: _____

• If student is 18 years old or older, student is required to sign here: _____ Date: _____

STUDENT APPLICATION

Please check one: LSD LSVI

Student's name: _____ Student's DOB: _____

1. HOME LANGUAGE SURVEY

- ♦ First language learned by student: English ASL Spanish French Other _____
- ♦ Language **student** uses most often at home: English ASL Spanish French Other _____
- ♦ Language **student** uses most often with other students: English ASL Spanish French Other _____
- ♦ Language **parents** use most often at home: English ASL Spanish French Other _____
- ♦ In what language do you most often speak to your child: English ASL Spanish French Other _____
- ♦ In what language would you prefer to get the information from the school English ASL Spanish French Other _____

Parent's signature required for students under the age of 18 OR over 18 and under legal custody of parent/guardian:

Signature: _____ Date: _____

Students 18 and older, sign here: _____ Date: _____

2. PROOF OF ADDRESS INFORMATION

Proof of Address must include the adult's name and physical address. The following documents are acceptable proof of address. A copy of one must be attached to this form and be returned with the student's registration packet.

- Recent UTILITY BILL (water, electricity, trash, cable, phone, etc.)**
- Current RENTAL OR LEASE AGREEMENT**
- Current FOOD STAMP or MEDICAID letter**

The Louisiana Schools for the Deaf and Visually Impaired do not unlawfully discriminate on the basis of race, color, national origin, sex, disability, or age in our programs and activities, and we provide equal access to the Boy Scouts and other designated youth groups. Damita A. Hitchens, Human Resources Coordinator (225) 757-3213, dhitchens@lsdvi.org, has been designated to handle inquiries regarding non-discrimination. Inquiries regarding non-discrimination in employment may also be referred to Santa Patterson, Human Resources Director at (225) 757-3217 or spatterson@lsdvi.org.

For Admissions Office Use Only:

of address received and verified

Verified by: _____ Date: _____

Dear School Administrators:

I am writing this letter asking that my child _____ enter
the LOUISIANA SCHOOL FOR THE VISUALLY IMPAIRED / LOUISIANA SCHOOL FOR THE DEAF under the Parent
Option Law (Act 433).

Thank you,
